

Foster Family Home - Corrective Action Report

Provider ID: 1-190001

Home Name: Veneleen Cayetano, NA

Review ID: 1-190001-1

1444 Ala Mahamoe Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 1/10/2019

End Date:

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a new 2 person CCFFH certification review made on 1/10/19. Corrective Action Report issued during home visit with all items due to CTA by 2/10/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

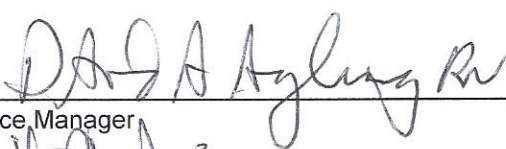
Personnel and Staffing


[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid or Blood Borne Pathogen certification present for CG #1.


Compliance Manager


Primary Care Giver

Date

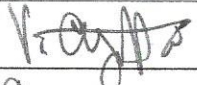
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Adapon & Cayetano Care Home**

CCFFH Address: **1444 Ala Mahamoe St, Honolulu, HI 96819**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b) (8)	I have obtained a current First Aid and Blood Borne Pathogen certificates from CG#1 and placed in my CTA binder.	1/10/19	Due date/expiration date for First Aid and Blood borne pathogen training for all CG's (caregivers) on my cellphone calendar. I set the reminder for 1 month ahead of the expiration date.

Primary Caregiver's Signature: 

Print Name: Venetken Cayetano Date of Signature: 1/10/19